

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>04 April 1995</u>		2 Serial/Patent # <u>08/387832</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing	1	16 Feb 1995							
<input type="checkbox"/>	Amendment		\$ 218.00							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input checked="" type="checkbox"/>	Assignment		\$							
<input checked="" type="checkbox"/>	Other <u>Declaration</u>		\$ 65.00							
		7 TOTAL AMOUNT OF REFUND								
		\$ 283.00								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:								
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>3</td><td>--</td><td>2</td><td>7</td><td>2</td><td>5</td> </tr> </table>		1	3	--	2	7	2	5
1	3	--	2	7	2	5				
<u>EPO SEARCH</u> <u>Declaration</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>M. PERSON</u>		TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305 3737</u>								
OFFICE: <u>PCF</u>										
*****										
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: <u>[Signature]</u>		DATE: <u>8-28-95</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ID	MCH	TPE	NAME OR	ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	190	1	08387832		00018	950227	950227	961	690.00
C	190	1	08387832		00018	950227	950227	967	74.00
C	190	1	08387832		00018	950227	950227	254	65.00
C	190	1	08387832		00104	950607	950608	254	65.00
C	190	1	08387832		00105	950607	950608	581	40.00
C	190	1	08387832		00049	950810	950811	961	690.00-
C	190	1	08387832		00049	950810	950811	971	633.00
C	190	1	08387832		00049	950810	950811	967	2.00
C	190	1	08387832		00052	950810	950811	215	55.00

NO MORE TRANSACTIONS

END OF YOUR QUERY

Deposit Account Window Help

Print Screen

Deposit Account

Number: 500246

Balance Amount: 535.00

Holder

Name: BECK & TYSVER PLLP

60

Address

Attention:

DANIEL A TYSVER

Street:

1101 FIRST STREET SOUTH

SUITE 440

Province:

City:

HOPKINS

State:

MN

Postal

55343

Country:

US

Telephone:

612-933-3043

Fax: 612-933-3049

Details

Category Code:

NONGOVNMNT

Type:

REGULAR

Notification Amt:

0.00

Status

Access Code:

3885

☒ Active

☐ Closed

en... USPTO Message...

Welcome to the ...

Deposit Acco...

8:51 AM